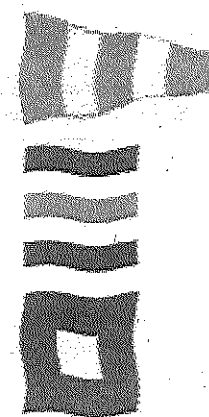


This Month's Military History...

Operation Desert Storm began January 17, 1991

Signing of Vietnam Peace Accord January 27, 1973



# THE EXAMINER

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<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

## Showing up Late for Appointments is Never Fashionable

By Dan Barber, Public Affairs Officer  
Robert E. Bush Naval Hospital

**W**e need your help in providing you access to the best patient and family centered medical care possible.

The Naval Hospital has been aware and constantly working on improving its appointment setting process and the telephone lines to the appointment clerks.

To compound the problem of giving you an appointment at the time that is convenient to you, some of our patients have made appointments and then failed to show for them, thereby locking out someone else who may have needed to be seen.

According to the hospital's latest figures, in November there were 801 "no shows" for appointments at the hospital.

These 801 appointment slots were productively used, however it could

keep others from booking an appointment in a timely manner.

Occasional emergencies arise, or a procedure takes longer than anticipated which delays some appointments. However, over the years, it has been shown that when patients are kept waiting beyond their appointed time, it is usually because a previous patient showed up late.

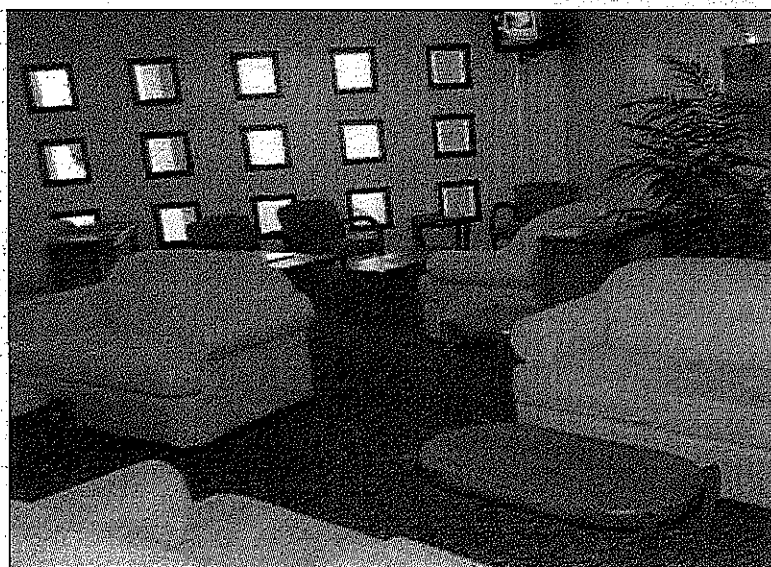
If this happens the clinics can both see the late patient and keep everyone after them waiting, rush through

the appointment (which the hospital staff will not do), or reschedule the appointment for another time.

If late for an appointment, the hospital clinics will see you if the schedule permits and it does not inconvenience other patients.

If the providers feel that seeing you late will cause an inconvenience for others, then you will be asked to reschedule.

## Naval Hospital's Waiting Rooms Get New Furniture



**R**ecent visitors to the Naval Hospital have by now noticed the new "living room" style furniture which is located throughout the hospital's waiting rooms.

Some might think that the hospital is using the ancient art or science of Feng Shui to set up the waiting rooms.

According to the hospital's Executive Officer, Captain Bruce Laverty, "We want our patients to know that we care as it states in our slogan on our command logo."

"We want our patients to feel welcome and at home when

they come to our hospital for care because we deliver family based medical care here" he added.

"When the Marines and Sailors at the Combat Center are deployed away from home, we want them to be comfortable in the knowledge that their loved ones back home are being properly cared for," Laverty said.

This new furniture is just one small part of a tradition of the Naval Hospital and Navy Medicine in general to provide the best possible care to all beneficiaries... Active Duty, Reservists, family members and retirees.

### Did you know?...

**Y**ou have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- \* Through the ICE website.
- \* Through the Naval Hospital Customer Comment Cards.

- \* The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Care representatives in the hospital's clinics.

Or Directly to the Joint Commission via:

E-mail at [complaint@jointcomission.org](mailto:complaint@jointcomission.org)

Fax:  
Office of Quality Monitoring  
630-792-5636

Mail:  
Office of Quality Monitoring  
The Joint Commission  
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Oakbrook Terrac, IL 60181

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# How Can I Put Those New Year's Resolutions into Action?

By Martha Hunt, MA, CAMF  
Health Promotion and Wellness  
Robert E. Bush Naval Hospital

One of the first things people do in the New Year is make resolutions to be a better person, to be kinder, to take more time with family and friends and to try to be healthier.

Unfortunately, we sometimes get overwhelmed with our resolutions and end up leaving them along the road of life somewhere. How do we follow through with these resolutions?

The What? Know exactly what to change. Do you need more information about what to change? Do you have a reliable source for information on: Diet? Exercise? Tobacco? Alcohol? Whatever else you wish to change?

Not all sources of information are accurate. Is the web page, flyer, etc trying to get you to buy something? Remember! If it is too good to be true, then it isn't! If those products that promise you ripped abs in two weeks worked (or lose weight or grow hair or ...), we would all be thinner and have better hair! That stuff doesn't work!

The Want? Decide whether you even want to change. If you don't really want to change, then nothing will happen. If you are trying to change because someone else wants you to, then you won't succeed. You have to want to change and you have to do it for yourself, not someone else.

Sometimes wanting to change and finding the motivation can be very emotional. What if I fail? Why can't I do this right? Why won't anyone help me? Sometimes when we block ourselves emotionally (I know I am going to fail) it is easier to change the emotional roadblock by changing your behavior first, and then work on the emotions. That means - once you are walking every day or eating less or whatever -- then you can tell yourself "see! I can do it right."

The How? Develop the seven skills you need to make the change happen:

- \* Set a course for success.
- \* Don't bite off more than you can chew.
- \* Arrange for success, not failure.

- \* Watch what you are doing.
- \* Reward your actions.
- \* Recruit a support team.
- \* Have a plan to stay on track.

You need to have all of these skills, to have the best chance of success. Set a course for success. Sometimes we start with a goal that is too general and become overwhelmed. Start with a general goal, and then specify what you have to do to achieve it.

*Unfortunately, we sometimes get overwhelmed with our resolutions and end up leaving them along the road of life somewhere. How do we follow through with these resolutions?*

For example: General goal: I want to eat better. Target behavior: I will eat five fruits and veggies every day. Don't bite off more than you can chew. It is better to start small and be successful in the long run, than to aim too big and get burned out. So rather than immediately start eating five fruits and veggies every day, maybe start out as "I'll add one more fruit or veggie to my daily diet every week until I reach five a day."

Arrange for success, not failure. Change your environment to help you achieve success. With regards to the five a day goal: Don't buy a week's worth of "5 a day" at the very beginning or it will go bad in the fridge. Don't buy any new junk food -- use up or give away what you have at home. "If I buy fruit or veggies that I like to eat -- and not so much junk -- then I will gradually replace the junk with healthier options." If you re-arrange your kitchen stocks and don't stock junk, you are less likely to eat it. Also, if you buy too many fruits and veggies in the beginning, you will feel overwhelmed and your digestive system may over react to the extra fiber.

Watch what you are doing. Keep a written record of how you are doing and your progress. By keeping track of what you are doing, it helps to positively reinforce the behavior

you want to change. Keeping track of your daily progress gives you one more tool to help you achieve the change you want. "Wow! I made my goal for this week regarding the number of fruits and veggies."

Reward your actions. We all need to be rewarded for a job well done. What works for one person as a reward, may not work for another. Why is food such a great reward (although not always healthy)? Because it fills emotional and physical needs so well. One bite equals rewards two bites equals guilt. Also, over time the new behavior itself becomes the reward when you start to feel better about yourself and your accomplishments. Include your rewards in your daily logs so

that you remember to give yourself the rewards. "I made my goal this week as to the number of fruits and veggies, so now my reward is \_\_\_\_\_ (not Ben and Jerry's).

Recruit a support team. No, your friends can't do the work for you, but they can act as your cheer leaders. Our friends and family can either support us in our goal to be healthier or they can block us and prevent us from being healthier. If your family or friends are blocking you from being healthier, then find friends who are supportive and can help you rather than hinder you.

Get a change partner -- someone who is trying to make the same change as you and can become your team mate. Have a

change supporter -- someone who isn't trying to change the same behavior as you, but who is supportive of your actions. "I can go to the farmer's markets with my neighbor and make it fun to buy fresh fruit and veggies."

Have A Plan to Stay on Track because the new behavior isn't second nature yet, we have a tendency to slip back into old habits until that new behavior becomes the new second nature. Keep using your daily logs so you can help prevent this drift back to old behaviors before it happens.

If you see yourself drifting back to old habits, steer yourself back before you get too far off track.

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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# Elder Abuse Prevention

By Martha Hunt, MA, CAMF  
Health Promotions and Wellness  
Robert E. Bush Naval Hospital

Sometimes when elderly people are being abused they are afraid to report it for fear of being abused even more by the perpetrators.

Sometimes, the elderly person may not be aware that they are even being abused. Threats of violence, placement in a nursing home or shame that a family member may be involved often prevent the elder from seeking help.

Here is some information that may help you or an elder you know prevent abuse.

In order to help prevent elder abuse, it is important to know what elder abuse is and what can be done if you suspect abuse.

## What are the rights of elders?

The elder has the right to live their life to the best of her or his ability. If the elderly person is mentally competent to make their own choices, then that takes precedent over other individual's wishes.

There are several types of abuse and an elderly person can experience any combination of types of abuse. Physical Abuse is defined as any physical pain or injury which is willfully inflicted upon an elderly person. This includes, but is not limited to, direct beatings, sexual assault, unreasonable physical restraint, and withholding of food or water.

Financial Abuse is any theft or misuse of an elder's money or

property. Neglect is the failure to assist in personal hygiene (bathing, bathroom access, etc.), the provision of clothing for an elder, failure to provide medical care (physical and mental health needs), or failure to protect an elder from health and safety hazards.

Psychological or Emotional Abuse is the willful infliction of mental suffering. Examples of such abuse include verbal assaults, threats, instilling fear, humiliation, intimidation, or isolation from friends, family or other care givers. Abandonment constitutes the desertion of an elder by any person responsible for the day to day care of that elderly person.

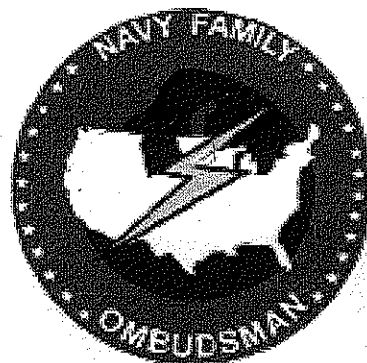
## What is your responsibility if you suspect abuse?

If abuse is suspected, check it out and ask questions. Although you may not be sure elder abuse is actually happening, it is best to contact San Bernardino Adult Protective Services and let trained professionals make the determination.

According to California law, anyone who suspects abuse must report it. This includes care-givers, friends, family or anyone who comes in contact with the elderly person.

Suspected cases of elder abuse should be reported to the county adult protective services agency or local law enforcement agency.

Locally, San Bernardino Adult Protective Services can offer assistance if you suspect elder abuse. Call 1(877) 565-2020 or 228-5397 for more information regarding reporting elder abuse.



# Ombudsman Corner

our children.

What is your favorite childhood memory of New Year's Day? Did your family get together to share the first meal of the year together? Did you share your resolutions or goals for the year? Did you just meet up with neighborhood kids and play in the snow?

One thing we did as a Southern family was get together for New Year's dinner. (For southerners, dinner means lunch.) We always had pork roast, rice and gravy, black eyed peas, cabbage, and cornbread, along with sides like sweet potatoes and of course dessert! We were always told to make sure we ate all our black eyed peas and cabbage so we could have good luck and money in the coming year. You may have had a similar experience with a family meal that included corn or sauerkraut and sausage or ham or lasagna. Whatever the special meaning was for your family, I'm sure it included the mere fact that the family was gathering to enjoy a meal together. I continue my family tradition not only to enjoy time with family and friends, but because I know it's my last chance to get a good, stick-to-your-bones meal before I start my recurring resolution to get healthy.

Keeping traditions and making reasonable choices for changes in the new year will help to preserve heritage and ensure success for families and individuals.

## Life's Lesson...

*The Weather in the Mojave Desert can very... it can be very hot, very cold, very windy, very dry or very wet... and sometimes very nice.*

## New Year Traditions

Aaahhhh... the holidays are over and it's the start of a new year. Time to get started on everything we've been putting off. Whether you set resolutions or just want to complete that 'Honey Do' list that has been growing all this time, now is when most people commit to get started.

So you've tried it in the past, the resolution thing, and lasted all of a month or two. What went wrong? You were really excited at the beginning and just petered out after a few weeks. Did you choose something a little overwhelming or pick an end result as a beginning goal? Be realistic when you choose your goals. Decide if you have a goal you can start right away, like volunteering, or if you need to set up periodic goals to meet your end result, like losing five pounds a month for ten months.

Having a resolution or goal for the year can have a positive effect on our lives and those around us. If you choose carefully, you will be successful! You may even be able to accomplish your goal early and move on to the next goal or item on your list.

This time of year is full of traditions for many of us. From Thanksgiving all the way through New Year's Day, our cultures are rich with activities that have been passed down and continue to influence

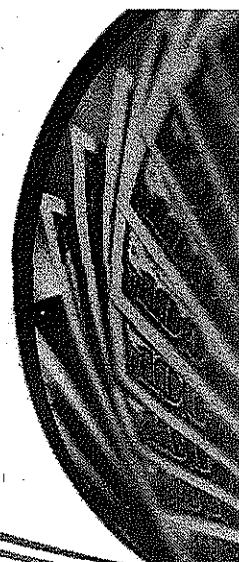
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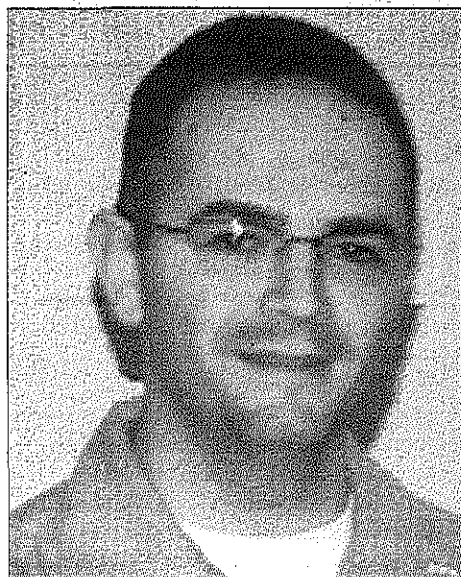
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# Super Stars...



*Ensign Joseph Shannon, Maternal Infant Nursing Department, has been selected as the new "Boot Ensign."*



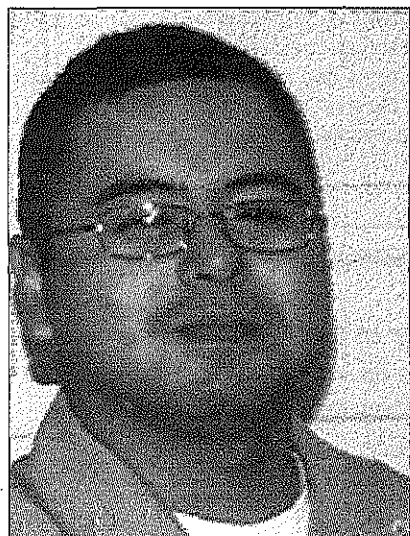
*HMC Benedict Cabarloc, Health Care Business Office, was presented with a Navy and Marine Corps Achievement Medal.*



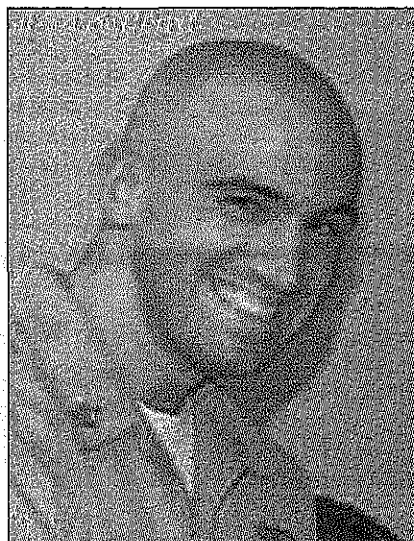
*Lt. Gina Mathis, Human Resources Department, is presented with a Navy and Marine Corps Achievement Medal.*



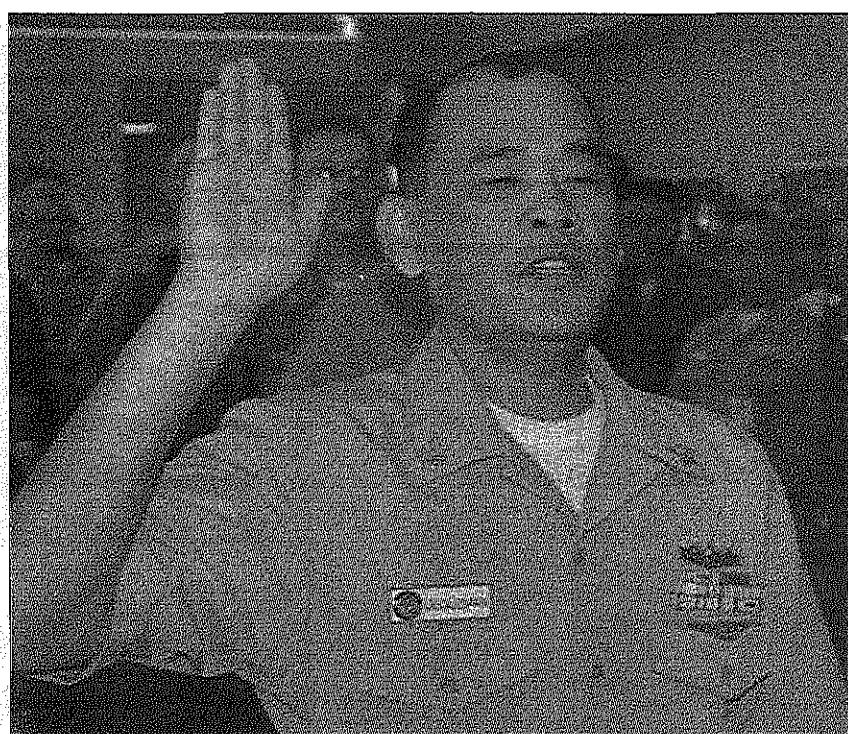
*HM2 Ruby Roberts, Bio-Medical Repair, receives a Navy and Marine Corps Commendation Medal.*



*Ensign Jim Fransico, Emergency Medicine Department, has been named the newest "Bull Ensign."*



*HM2 Christopher Demetrulias, Command Career Counselor, was presented with a Navy and Marine Corps Commendation Medal.*



*CS1 Leonardo Deguzman, Combined Food Operations Department, takes the oath at his recent reenlistment ceremony as his shipmates look on. Captain Don Cenon B. Albia, Commanding Officer, Robert E. Bush Naval Hospital was the reenlisting officer.*

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Life's Lesson...

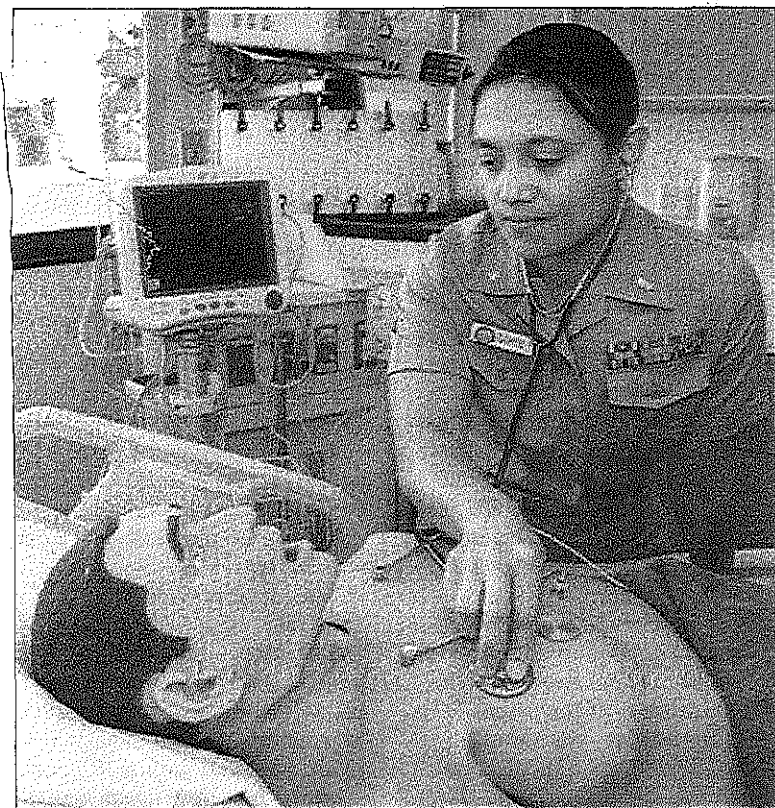
You know you're getting old when...

Your idea of a night out is going out and sitting on the patio!



# Naval Medical Center San Diego Opens Medical, Surgical Simulation Center

By Mass Communications Specialist 3rd Class Jake Berenguer



**SAN DIEGO** -- A patient lies in a hospital bed surrounded by hospital staff doing a routine examination and suddenly his blood pressure plummets and his heart stops. Immediately, the staff fly into action to resuscitate the patient using all of their skills and training. This is all happening according to plan as

an instructor watches and evaluates their reactions and abilities to utilize their training in a practical environment in the new Medical and Surgical Simulation Center (MSSC).

Commander, Naval Medical Center San Diego (NMCSD) Rear Adm. Christine S. Hunter and Capt. Gregory Blaschke,



MSSC medical director cut the ceremonial ribbon Dec. 12.

The MSSC was a 2008 initiative and is the newest addition to the medical center's training and education arsenal providing medical personnel the opportunity to test their skills on simulated patients.

"The simulation center uses high-fidelity human patient mannequins, ten patient rooms and one operating room to train and assess the communication, interpersonal, professional, team work, physical exam and diag-

nostic reasoning skills of learners," said Blaschke. "It is anticipated to provide about 5,000 simulations per academic year and is open to all medical and nursing students, interns, residents, fellows as well as practicing professionals throughout the medical center. The facility will provide continuing medical and nursing education and training to all medical center clinical staff."

According to Cmdr. Ramona Domen, assistant medical director for MSSC, this advanced technology allows hands-on medical training ranging from basic intravenous needle insertion to cardiac arrest resuscitation.

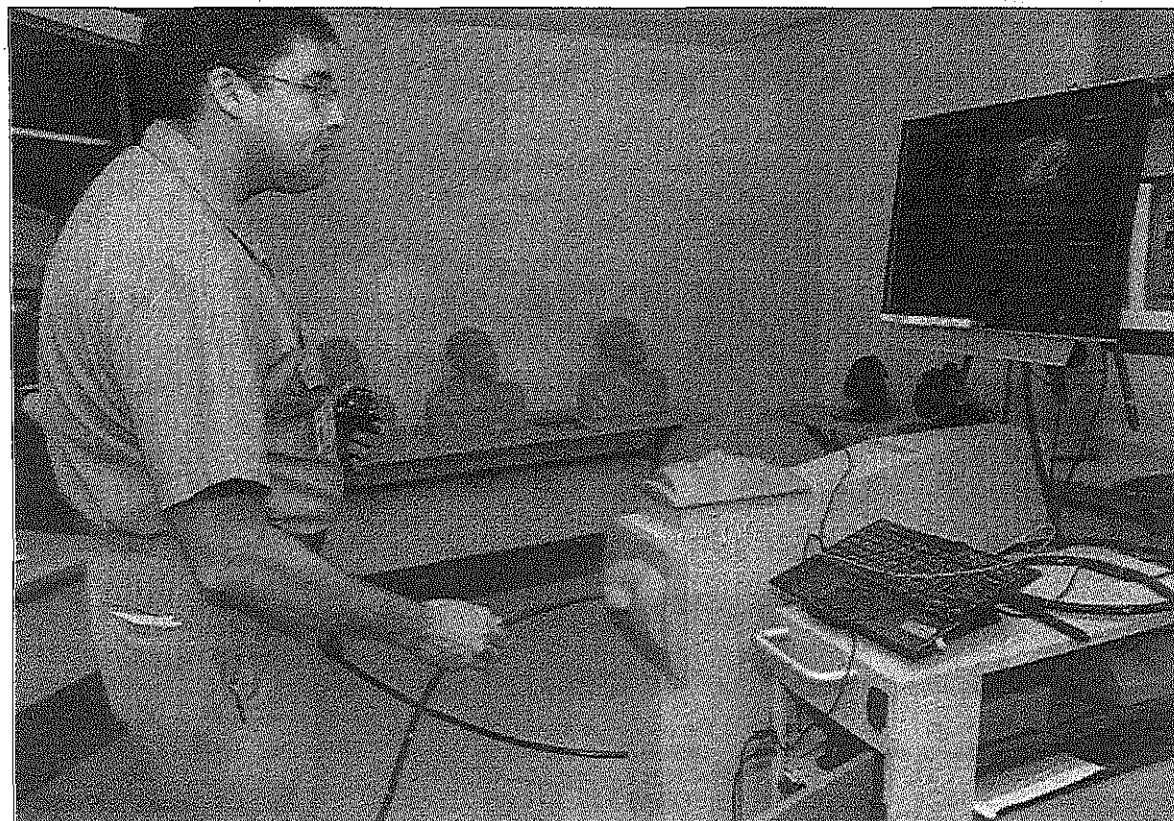
Some of the simulated patients

are made for specific procedures such as laparoscopic surgery or bronchoscopy. All members of the medical team including doctors, nurses, interns, residents, and hospital corpsmen can utilize the MSSC.

"The MSSC provides an actual patient environment with real medical equipment to allow the users a feel of realism and maintain that sense of urgency that they need in real life situations. With eight interactive stations having full high fidelity, computer driven bodies, each provides a different challenge to the user," said Domen. "High fidelity means that if they don't get immediate, efficient attention, the simulated patient will expire.

Students need to know how to

*Continued on page 7*



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# How Do You Decide When to Seek Medical Care?

By Dan Barber, Public Affairs Officer  
Robert E. Bush Naval Hospital

**A**nytime you have an immediate life-threatening medical problem you should call 911.

The medical staff here at the Robert E. Bush Naval Hospital would rather have the patients err on the side of caution with the realization that when they arrive at our Emergency

Medicine Department that our professional staff will assess the medical condition with a process called Triage.

If your condition warrants it, immediate medical attention will be given. However, if the medical staff determines that your condition is not life-threatening you may have to wait before treatment is rendered,

while patients with unstable illnesses or injury are taken care of first. On occasion you may have to wait for several hours to be taken care of. This process is necessary in every emergency room where medical care is never given on a first-come first-served basis.

If you wake up one morning feeling ill, you can call the Out Patient Services number at 830-2752 to obtain a same day appointment. A scheduled appointment minimizes waiting time that would typically be experienced with an emergency room visit. In addition, before you leave the clinic, it is better that you book any necessary follow up appointments with the clerk at the front desk of the clinic you are visiting or by calling 830-2752.

If your symptoms are not severe enough to prompt you to seek an appointment, the Naval Hospital offers an Over-the-Counter (OTC) medication dispensing program for your convenience. OTC medications may be obtained for family members between 2-18 years old and only by a parent or guardian.

Patients who are not eligible to receive OTC medications are pregnant or breast-feeding mothers, children less than two years old, and those who are currently in flight status or in

the Personal Reliability Program.

All patients must have a valid military identification card in their possession at the time of dispensing. Each family member will be eligible to receive a maximum of four different items in a three-month period. These medications will be entered into each person's computer prescription record to screen for allergies, overlapping medications and duplications.

A request form must be completed, which includes a brief question-and-answer assessment of your medical conditions and current medications you are taking. You will receive a handout discussing the proper use, dosages, cautions and side effects associated with the medications you request and receive.

If your medical condition does not improve or if it worsens within 48 hours, you should seek advice from a medical professional.

This program is designed to offer access to many common cough and cold, sore throat, fever, headache, stomach upset and minor gynecological conditions that are listed below:

- \* Acetaminophen (Tylenol) 325mg tablets & elixir
- \* Ibuprofen (Motrin) 200mg tablets & suspension
- \* Diphenhydramine (Benadryl)

capsules & elixir

- \* Pseudoephedrine (Sudafed) tablets & syrup

- \* Tripolidine w/ pseudoephedrine (Actifed) tablets & elixir

- \* Guaifenesin (Robitussin) syrup

- \* Guaifenesin w/ dextromethorphan (Robitussin DM) syrup

- \* Saline nasal spray/drops

- \* Cepacol throat lozenges

- \* Maalox (regular) 5 ounce bottle

- \* Clotrimazole (Gyne-Lotrimin) 1 percent vaginal cream (not for the patient's first yeast infection and only one issue every 6 months)

If you have a question to ask of a medical provider, you can call Out Patient Services at 830-2752 between the hours of 7:30 a.m. to 3:45 p.m., and a telephone consult will be generated to a doctor. Your provider will return your call within 72 hours.

After 4 p.m., weekdays and anytime on weekends or holidays, you can call the hospital Quarterdeck at 830-2190, and the duty medical officer will be contacted to return your call.

The staff of the Robert E. Bush is dedicated to providing you the best medical care possible regardless of how you access that care.

## Accessing the Naval Hospital by Phone

The Robert E. Bush Naval Hospital Outpatient

Services clerks handle, on average, over 3,000 monthly

requests for appointments, cancellations, hospital information, and telephone consults to primary care managers (PCM).

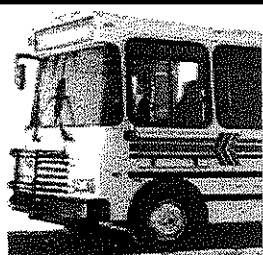
These clerks work directly with clinical services and routinely communicate with clinic staff regarding unique situations that require administrative or nursing intervention.

Beneficiaries' needs are managed in real time through the Composite Health Care System (CHCS). PCM's and clinic nurses are notified immediately regarding hospital beneficiaries concerns and maintain a standard of responding within 72 hours to each telephone consult.

*Did you know?*

The best time to call Outpatient Services for routine concerns is in the morning from 9:30 to 11:30 a.m., and in the afternoons from 1:30 to 3:30

*Continued on page 7*



## Get To Palm Springs!

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### 15 MCAGCC-Palm Springs Friday

Base Post Exchange	Building 1664	Subway	29 Palms Community Center	29 Palms Staters	Joshua Tree Park Blvd.	Stater Bros WalMart	Palm Springs Airport
5:00	5:25	5:30	5:40	5:45	6:00	6:10	7:00

### 15 MCAGCC-Palm Springs Friday

Palm Springs Airport	Indian Canyon & Andreas (Casino)	Indian Canyon & Tacheva (Hospital)	Stater Bros WalMart	MCAGCC
7:00	7:10	7:15	7:50	8:30

### 15 MCAGCC-Palm Springs Saturday/Sunday

Base Post Exchange	Building 1664	Subway	29 Palms Community Center	29 Palms Staters	Joshua Tree Park Blvd.	Stater Bros WalMart	Palm Springs Airport
10:00	10:25	10:30	10:40	10:45	11:00	11:10	11:45
4:00	4:25	4:30	*4:40	*4:45	*5:00	*5:10	*5:45

### 15 MCAGCC-Palm Springs Saturday/Sunday

Palm Springs Airport	Indian Canyon & Andreas (Casino)	Indian Canyon & Tacheva (Hospital)	Stater Bros WalMart	MCAGCC
12:00	12:10	12:15	12:50	1:35
*6:00	*6:10	*6:15	*6:50	*7:35

\*SUNDAY SERVICE BEGINS AT 29 PALMS COMMUNITY CENTER. All weekend service is for Saturday only except for the final return trip which includes both Saturday and Sunday service.

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# Advanced Education Available for Senior Enlisted Members

By Ed Barker, Naval Education and Training Command  
Public Affairs

**PENSACOLA, Fla. (NNS) —** The Naval Education and Training Command (NETC) is seeking applicants for the fiscal year (FY) 2009 Advanced Education Voucher (AEV) program, designed to provide advanced education opportunities for senior enlisted personnel.

Announced by NAVADMIN Dec. 15, AEV provides financial

assistance to selected senior enlisted personnel (E7-E8) to complete post-secondary, Navy-relevant degrees through off-duty education. Master Chief Electronics Technician (SW) Tom Smith, enlisted education coordinator at NETC, termed the program one of the most generous in the military, as the Navy invests in the future of enlisted leadership.

## Surgical Simulation Center...

Continued from page 5

react correctly, effectively and as a team to diffuse these problems. There is a simulator that enacts emergency child birth situations and another to practice anesthesia problems. Computers monitor all of the simulated patient's physiology (heart rate, blood pressure, etc) and show reactions to the student's interventions."

The MSSC also contains 30 task simulators. Each task simulator allows practice for different skills such as suturing, spinal tap and intubation.

Users will be monitored from a distance by instructors who have the ability to instigate an emergency situation with each simulated patient by computer.

"The simulators are more than anatomically correct," said Hospital Corpsman 1st Class Leonard Ray, director of professional education leading petty officer. "They have drug reactions enacted by a computer that monitors the student's response.

They have replaceable skin to practice injections and incisions. Some have pupils that dilate; they can bleed and even moan and cry."

Plans for the 10 room, \$780,000 MSSC include a classroom where users will be observed as they perform medical tasks unaided and will be monitored to test critical thinking abilities. After the procedure is completed, users will be debriefed on performance, and the task outcome will be recorded in a student database. The main purpose of the MSSC is training and education. The simulators are a valuable tool for all levels, whether an intern is making his or her first incision or an experienced staff member practices a new procedure.

This will benefit NMCSO immensely by helping to develop medical skills. Through training and repetition we can prepare the users for real life situations," said Domen.

"The senior enlisted members accepted into this program will gain the knowledge necessary to lead our Navy in the future," said Smith. "The AEV program gives them the opportunity to get a degree from a university without having to worry about finances, as it pays for 100 percent of tuition, books and fees up to a specified limit."

The AEV program will support bachelor's and master's degree completion in designated, Navy-relevant areas of study. Examples include: strategic foreign languages; construction management; emergency and disaster management; human resources; paralegal; leadership and management; engineering; information technology; nursing, business administration; education and training management, and electrical/electronic technology. Degrees not listed above must be approved by the AEV program coordinator at NETC to validate Navy relevance.

"It was certainly time well spent. The dividends that an education provides will be realized in the short and long term. I'm grateful for the opportunity and proud to have reached my goal," said Senior Chief Mass Communication Specialist Daniel Smithyman, who recently completed the AEV program.

Eligible applicants include E7s with no more than 16 years of

time in service, and E8s with no more than 18 years of time in service. Time in service for all pay grades is computed to Oct. 1, 2008. Proven superior performers with continued upward mobility are encouraged to apply.

AEV will support bachelor's degree completion in approved, Navy-relevant areas of study through off-duty education, capped at \$6,700 per year for a maximum of 36 months from the date of enrollment and covers 100 percent of tuition, books, and related fees. Total program cost per student is limited to \$20,000. Qualified candidates must have an associate degree from an accredited institution or the equivalent amount of college credit applicable to the degree being sought.

The AEV master's degree program covers 100 percent of tuition, books, and related fees up to a maximum of \$20,000 per year for up to 24 months of enrollment, with the total program cost per individual capped at \$40,000. Qualified candidates must hold a bachelor's degree from an accredited institution recognized by the Department of Education.

Applicants should be transferring to (or currently on) shore duty with sufficient time ashore to complete their approved degree program. Applicants on sea duty may apply provided

they submit an education plan, with commanding officer endorsement, which demonstrates the ability to complete the degree program. Senior enlisted members who have already invested in their professional development by pursuing college education and those who are currently enrolled in a qualifying post-secondary degree program using tuition assistance (TA) or other financial assistance programs are eligible to apply for the AEV program. Reimbursement for any education expenses incurred prior to participation in AEV is not authorized. AEV and TA benefits may not be combined.

Upon completion of, or withdrawal from education for which any authorized expenses were paid, participants shall agree to remain on active duty for a period equal to three times the number of months of education completed or three years, whichever is less.

This obligation is discharged concurrently with any other service obligation program participants may have already incurred. The AEV agreement does not obligate the Navy to retain the member on active duty. If a program participant fails to complete the period of active duty specified in the agreement, the Sailor will reim-

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## Accessing the Naval Hospital...

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p.m., at 830-2752.

Using a land line is better than cell phones because there are fewer points for the land lines to access before connecting to the appointment line.

There is an Outpatient Services Customer Service Desk that is available from 7:30 a.m. to 3:45 p.m., located in front of the TRICARE Service Center. If visiting the hospital, or near by, beneficiaries can stop by to make an appointment instead of calling.

The Robert E. Bush Naval Hospital Quarterdeck can be reached at 830-2190 for medical advice after normal working hours and during holidays and weekends. Our on-call medical officer will provide advice if needed. If you feel you are in urgent need of medical attention, contact 911 or visit the nearest emergency room.

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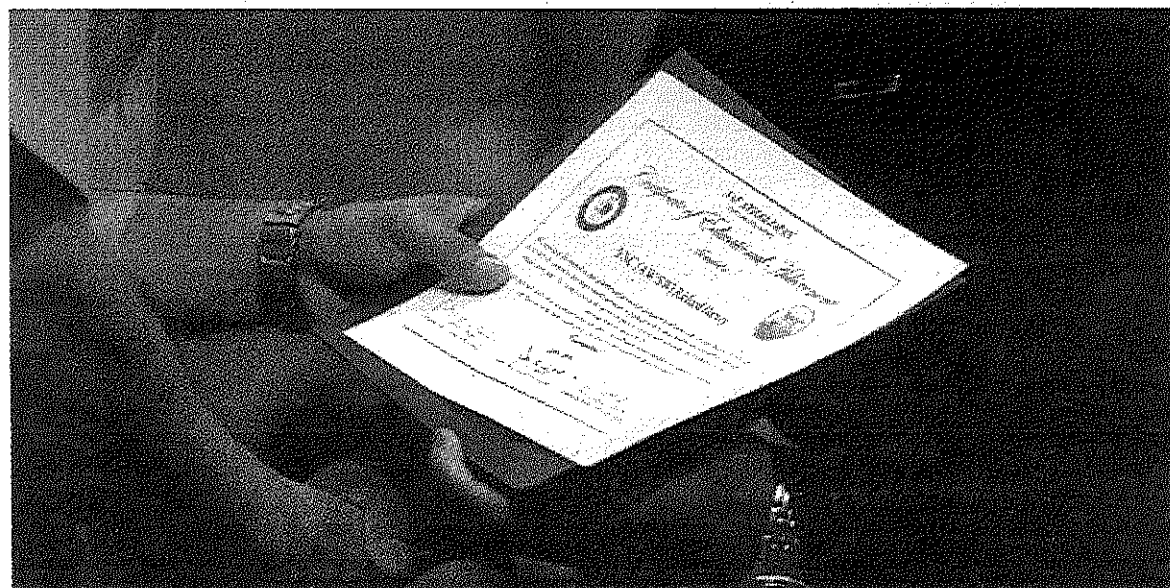
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**Hours:**  
M-F 9 am- 5:30 pm  
Thurs-9 am- 6:00 pm

**Closed:**  
Sat. & Sun.

# Advanced Education Available for Senior Enlisted Members

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burse the United States for the cost of the advanced education received, prorated for the obligated time served.

The master chief petty officer of the Navy will convene the AEV Program selection board in March 2009 and program selectees will be expected to enroll in studies in the summer or fall 2009 terms.

Deadline for applying for FY09 programs is Feb. 27, 2009. However, NETC is accepting applications now and encourages early submission.

Please review NAVADMIN 356/08 for specific requirements and application guidelines. Packages must be endorsed by the Sailor's commanding officer and command master chief.

The AEV program is a supporting element of the Enlisted Learning and Development Strategy, which includes post-secondary education as an integral part of the career roadmap for each rating career track.

Additional information about the AEV program can be viewed on the Navy Knowledge Online Web site [www.nko.navy.mil](http://www.nko.navy.mil). After logging on, select the Learning tab, then select the quick link on AEV located on the left side of the learning page.

## Deployed Hospital Staff Members

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LCDR Wayne Boucher  
LT Colleen Mahon  
LT Mercedes Patee  
LTJG David Conley  
LTJG Robert Clay Ward  
SKCS Francisco Diego  
HM1 John Tennis  
HM3 Jonathan Kegley  
HM3 Christopher Simmonds  
HM3 Christopher Ike

HN Michael Sterret  
HN Kameryn Wallace  
HN Christopher Hughes  
HN Neil Yasuda  
HN Corbin McGraw  
HN David Manthei  
HN Kyle Bisbee  
HN Alexie Novak  
HN Michael Good  
HN Matthew Snyder  
HN William Bennett

HN Dontae Cone  
HN Miles Coan  
HN John Lonsdale  
HN Jose Padilla  
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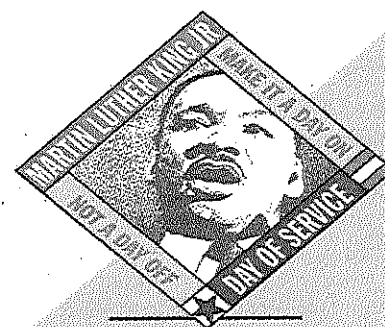
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